

Date: _____

Name: _____

Number: _____

**Boston University AM-PAC™
Daily Activity Outpatient Short Form**

Please check the box that reflects your (the patient's) best answer to each question.

How much difficulty do you currently have...	Unable	A Lot	A Little	None
1. Tying shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Sewing on button?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Pounding a nail in straight with a hammer to hang a picture?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Unscrewing the lid off a previously unopened jar without using devices?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Replacing or tightening small parts using only hands (e.g., screws)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Removing stiff plastic packaging using hands and scissors?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. Cutting toenails?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. Hanging wash on a line at eye level or above?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. Washing indoor windows?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. Moving a sofa to clean under it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
11. Holding a screw and screwing it tight with a manual screwdriver?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
12. Lifting 25 pounds from the ground to table height?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13. Lifting 100 pounds or more?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
14. Doing 5 push-ups without stopping?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
15. Managing clothing behind their back (belt loops, tucking in shirt, bra, etc.)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Raw Score: _____

CMS 0-100% Score: _____

Standardized Score: _____

CMS Modifier: _____

Note: Use the AM-PAC Daily Activity Outpatient Short Form Conversion Table to convert raw scores.

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